STD. 262 (REV.	EXPENSE CLAIM 9/2007)		ns and *Pri า Reverse S			Page	of	Pag	jes					
CLAIMANT'S NA	AME					SSN or EMPI	LOYEE NUM	BER*		_	RTMENT			
POSITION CB/ID No. RESIDENCE ADDRESS *						DIVISION or BUREAU HEADQUARTERS ADDRESS						INDEX NU	EX NUMBER	
											TELEPHONE			
CITY STATE ZIP CODE									STATE ZIP			CODE		
(1) NORMAL WC	DRK HOURS					(2) PRIVATE V	EHICLE LIC	ENSE NUI	MBER	(3) M	LEAGE RATE	CLAIMED		
(4) MONTH/YEAR (6) (7) (8) MEALS						(9)	TRANSPORTA	TION		(11)	(12)			
	LOCATION WHERE EXPENSES		BREAK-		O.T., L/ N/C, REL		(10) (A) COST OF	(B) (C) TYPE CARFARE,		(D)		BUGINESS	TOTAL EXPENSES	
DATE TIME	- WERE INCURRED	LODGING	1	LUNCH	OR DINNE	TALS	TRANS.	USED	TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		EXPENSE	FOR DAY	
(13)														
	SUBTOTALS													
COLUMN	CODE (ACCTG. USE ONLY	<u>') </u>												
	CLAIM TOTAL													
(14) PURPOSE	OF TRIP, REMARKS AND DETAILS (Attach receipts/v	ouchers whe	n required)						А	GENCY AC		OFFICE	
										PAID	BY REVOLVIN	SE ONLY IG FUND CHE	CK NUMBE	
(15)								. ,,						
used, a SAM Se	BY CERTIFY That the above is a true nd if mileage rates exceed the minimulations 0750, 0751, 0752, 0753 and 07	e statement of th um rate, I certify 754 pertaining to	e travel expe that the cost vehicle safety	enses incurred of operating to and seat be	a by me in the vehicle It usage.	accordance wi was equal to o	in DPA rules or greater thai	in the ser n the rate	vice of the State claimed, and tha	ot Califo t I have r	rnıa. It a priva net the require	itely owned ve ments as pre	enicle was scribed by	
CLAIMANT'S SI			DATE						NG TRAVEL ANI			ATE		
∑a ≤					1									

DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

	Send		Save Data		Data	Cle	ar	Print		Impor	tant Note					
STATE OF CALIFORNIA - DEPARTMENT OF PERSONNEL ADMINISTRATION TRAVEL EXPENSE CLAIM STD. 262 (REV. 9/2007)						See Instructions and *Privacy Statement On Reverse Side				Page	1 of _	1 Pag	es			
CLAIMA	NT'S NA	ME					1	SSN or EMPI	LOYEE NUMI	BER*			RTMENT			
	- X - DA -	EHNE	ES									DMF	IC			
POSITION CB/ID No.									BUREAU	DICE		INDEX NUMBER				
DIRECTOR RESIDENCE ADDRESS *									DIRECTOR'S OFFICE HEADQUARTERS ADDRESS					1000 TELEPHONE NUM		
KESIDE	NCE AD	DKE35							STREET			322-201				
CITY STATE ZIP CODE									DIKEL	, 501	STATE		ZIP CODE			
							5	SACRAN	MENTO			CA 95814			l l	
1) NOR	MAL WO	RK HOUR	S				(2) PRIVATE V	EHICLE LICE	NSE NU	MBER	(3) MIL	EAGE RATE	CLAIMED		
4) MONT	MONTH/YEAR (6) (7) (8) MEALS					(9) (10) TRANSPOR					ATION		(12)			
3-24-10		LOCATION	A 72			O.T., L/T,	180 72	(A)	(B) (C)		(D)		(11)	TOTAL		
5)		WHERE EXPENSES - WERE INCURRED	LODGING	BREAK- FAST	LUNCH	N/C, RELO. OR	INCIDEN- TALS	COST OF TRANS.	TYPE USED	CARFARE, TOLLS,	PRIVATE CAR USE		BUSINESS	EXPENSES FOR DAY		
DATE	TIME			LODGING	FASI	LONCIT	DINNER	IALS	TRAINS.	Search and	PARKING	MILES	AMOUNT	EXPENSE	FORDAT	
3-24	0600	Sacram	ento to Washington DC	258.77	6.00	10.00	18.00	6.00	16.00	SC/A /B/T			0.00		314.77	
3-25	2200	Washin	gton DC to Sacramento		6.00		18.00	6.00	67.00	T/A/ SC	30.00		0.00		127.00	
													0.00		0.00	
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													0.00		0.00	
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	ŝ												0.00		0.00	
Ж.		SUBTO		258.77	12.00	10.00	36.00	12.00	83.00		30.00	0.00	0.00	0.00	441.77	
COI		27	TOTAL												\$441.77	
14) PUI	RPOSE (OF TRIP, F	REMARKS AND DETAILS (Atta	ach receipts/vo	ouchers when	required)						Δ.	SENCY ACC	COUNTING	OFFICE	
1 (20-0)000			Health Initiative Boa			NOC PORTUGUISTO CONTRACTO	was not r	provided	hy eHea	th Init	iative			E ONLY	J IOL	
- 1			e eHealth Initiative I									PAID B	Y REVOLVIN	G FUND CHE	CK NUMBFI	
	10	mi	A	9.31	W.		<u> </u>		V E 1							
leas	e note	: The	Director parks in she	ort-term p	oarking, a	s a reaso	onable ac	commoc	lation.							
15)	used, ai	nd if mileag	FY That the above is a true st ge rates exceed the minimum	rate, certify t	hat the cost o	f operating t	he vehicle w	cordance will as equal to o	th DPA rules or greater than	in the sei	vice of the State claimed, and that	of Califor	nia. If a priva	itely owned ve ments as pres	hicle was scribed by	
official control of the control of t				vehicle safety DATE	and seat bel	(16) SI	SIGNATURE OF OFFICER APPROVING TRAVEL AND					PAYMENT DATE				
3							29									
17) SPI	ECIAL EX	XPENSE A	AUTHORIZATION - SIGNATUR	RE and TITLE	(See Item 17	on reverse)	1						D#	ATE.		
_=																